New York State
Office of Alcoholism & Substance Abuse Services
Addiction Services for Prevention, Treatment, Recovery

Chemical Dependence Treatment Program Scorecard

Documentation

July 23, 2012

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Metric Matrix

The chart on the following page shows which metrics apply to each of the eleven services included in the 2012 Scorecard. To determine which metrics are included for a program, locate the service of the program you are interested in at the top of the chart. Follow the column down. If there is a check mark in the cell, the metric in the left hand column is included in scorecards for programs of this service. For example (Figure 1) it can be seen that for Inpatient Rehabilitation programs, One Week Retention is an applicable scorecard measure, but One Month Retention Rate is not.

Figure 1

2012 Chemical Dependence Treatment Program Scorecard	Program Category/ Service										
	Crisis			Inpatient	Residential				Ambulatory		
									Outpatient		Methadone
Domain/Item	Medically Managed Detoxification	Medically Supervised Withdrawal - Inpatient	Medically Monitored Withdrawal	Inpatient Rehabilitation	Intensive Residential	Community Residential	Supportive Living	Residential Rehab Services for Youth	Medically Supervised Outpatient Clinic	Outpatient Rehabilitation	Methadone Clinic (Opioid Treatment Program Clinic)
Access											
1 Month Retention Rate					✓	✓	✓	✓	✓	✓	✓
Quality											
One Week Retention Rate				✓							
3-Month Retention Rate					✓	✓	✓	✓	✓	✓	✓
6-Month Retention Rate					✓		✓	✓	✓	✓	✓

There are certain metrics that apply to a given service type, but may not apply to specific programs within that service. For example, some Intensive Residential programs that primarily serve women or adolescents will not be scored and rated on *% Clients Maintaining FT Employment or Improving Employment Related Status.* In such cases, the scorecard for the program will have "Does Not Apply" printed instead of a score and a rating.

This is the complete listing of metrics by service:

2012 Chemical Dependence Treatment Program Scorecard	Program Category/ Service										
	Crisis			Inpatient	Residential				Ambulatory		
									Outpatient		Methadone
Domain/Item	Medically Managed Detoxification	Medically Supervised Withdrawal - Inpatient	Medically Monitored Withdrawal	Inpatient Rehabilitation	Intensive Residential	Community Residential	Supportive Living	Residential Rehab Services for Youth	Medically Supervised Outpatient Clinic	Outpatient Rehabilitation	Methadone Clinic (Opioid Treatment Program Clinic)
Access											
1 Month Retention Rate											
Quality											
One Week Retention Rate											
3-Month Retention Rate											
6-Month Retention Rate											
1-Year Retention Rate					(1,2)						
% Completing Program											
% Completing Program or Referred											
% Program Completers Admitted into Ambulatory Treatment											
% Program Completers Admitted into Ambulatory, Intensive Residential or RRSY Treatment											
Outcomes											
% with Discontinued Use											
% with Discontinued Use (MCAS)											
% Clients Maintaining FT Employment or Improving Employment Related Status					(1)				(1)		
% Clients Maintaining FT Employment or Improving Employment Related Status (MCAS)											
Efficiency											
Utilization Rate											
Individual and Group Counseling Sessions per FTE Primary Counselor per Week											
Compliance											
Recertification Review											
Facility Inspection											

1. Does Not Apply to Adolescent programs
2. Does not apply to programs with Treatment Cycle < 12 months
3. Applies only to Women's programs, OP MICAs with Treatment Cycle >12 mos, MS OP Suburban NYC with treatment cycle > 12 mos

Scorecard Terms

The following terms found in the heading of each scorecard provide general descriptive information about each program.

Service
The type of service the program is certified to provide. Services with scorecards currently include:

Medically Managed Detoxification (Crisis)
Medically Supervised Withdrawal – Inpatient (Crisis)
Medically Monitored Withdrawal (Crisis)
Inpatient Rehabilitation (Inpatient Rehab)
Intensive Residential (Residential)
Community Residential (Residential)
Supportive Living (Residential)
Residential Rehabilitation Services for Youth (Residential)
Medically Supervised Outpatient Clinic (Outpatient)
Outpatient Rehabilitation(Outpatient)
Methadone Clinics (Outpatient) became Opioid Treatment Program Clinics effective 7/1/2011.

See Appendix C for a description of services. Not all services have performance or outcome measures available at this time.

Data Source: Provider Directory System

Provider Name
The provider's legal name.

Data Source: Provider Directory System

Provider No.
A number that uniquely identifies each provider.

Data Source: Provider Directory System

Program No.
A number that combined with the provider number uniquely identifies each provider's program reporting units (PRUs). One provider may have numerous treatment programs offering different services. A program may be considered a "service at a site".

Data Source: Provider Directory System

Certificate No.
This is the number on the operating certificate assigned by the Bureau of Certification.

Data Source: Provider Directory System

Address
This is the address where the program is physically located and is not necessarily the mailing address. This address is used to locate the program's service site using a Geospatial Information System (GIS) in order to determine the program's Senate, Assembly, Congressional, NYC Community Planning Board district, etc.

Data Source: Provider Directory System

Average Daily Enrollment (Census)
Client caredays are the number of days each client is in treatment during the year. The sum of the program total client caredays divided by the number of days in the year is the program's Average Daily Enrollment during the most recent calendar year.

Data Source: Client Data System

Certified Capacity
The program's certified capacity as of the date the scorecard is generated. This may be different than the program's capacity during the period for which the metrics were calculated. Outpatient programs do not have a certified capacity.

Data Source: Provider Directory System

Unique Clients Served
Unique clients served is the number of unique clients (people) served by the program within the calendar year. Clients are determined to be unique based on their tracking ID (Date of Birth, last 4 digits of their SSN, first 2 letters of their last name, Sex). A client admitted more than once to the same program within a calendar year is only counted once.

Data Source: Client Data System.

Admissions
This is the total admissions to the program within a calendar year. This number includes those admissions resulting from "program moves" during the most recent calendar year. One client may be admitted to one or more programs within the same or different provider(s) of the same service within a calendar year. This is not a unique count.

Data Source: Client Data System

Transfers In
This is the total transferred from another program of the same level of care within the same provider during the most recent calendar year. This is not a unique count of clients.

Data Source: Client Data System

Discharges
This number is the total number discharges (where clients have been discharged for any reason) from the program during the most recent calendar year. This is not a unique count.

Data Source: Client Data System.

Transfers Out

Clients transferred to another program of the same level of care within the same provider during the most recent calendar year. This is not a unique count.

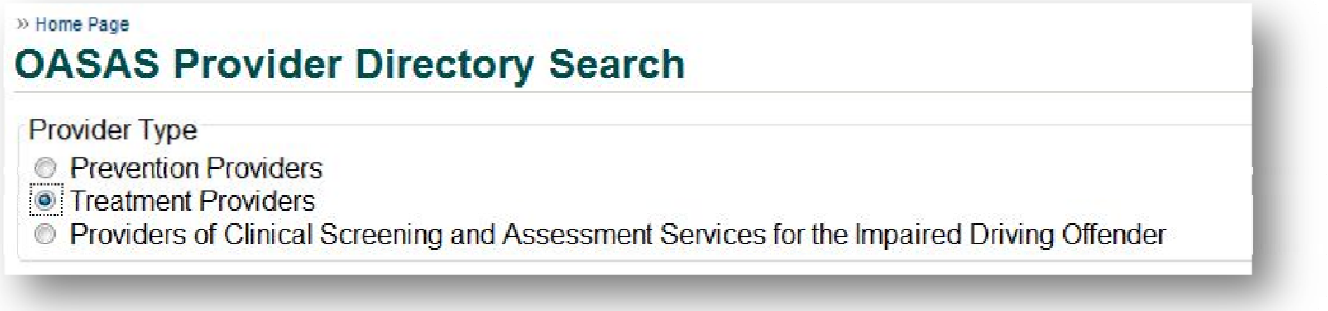
Data Source: Client Data System

Find a Scorecard for a Chemical Dependence Treatment Program

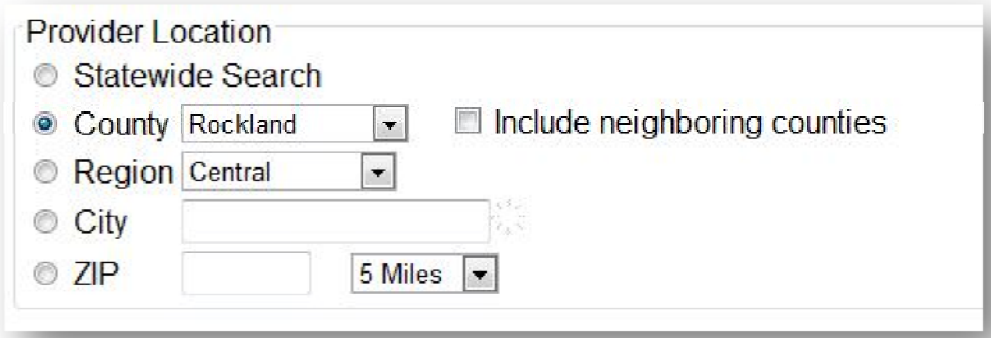
First, go the OASAS Provider Directory Search at:

http://www.oasas.ny.gov/ProviderDirectory/index.cfm

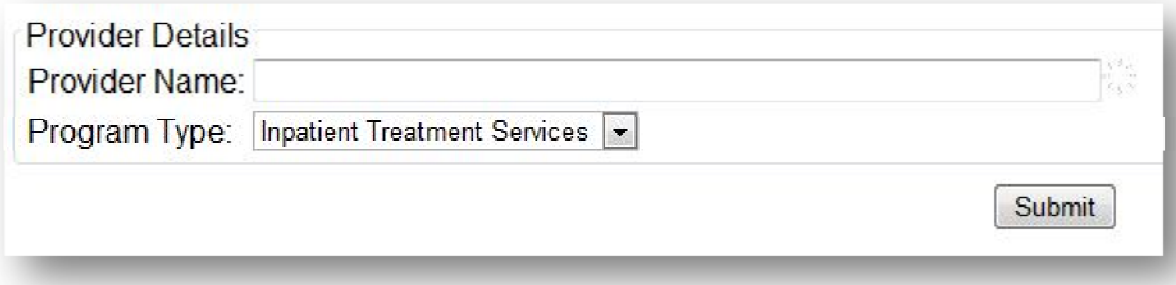
Select Treatment Providers.



Next choose Statewide, County, Region, City or Zip Code of program location. In this example we chose Rockland County.

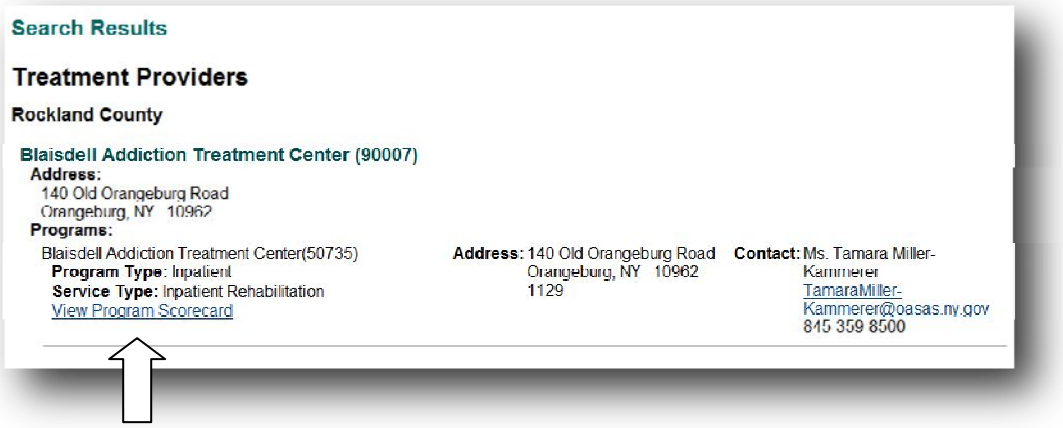


Choose the type of program. In this example we chose Inpatient.

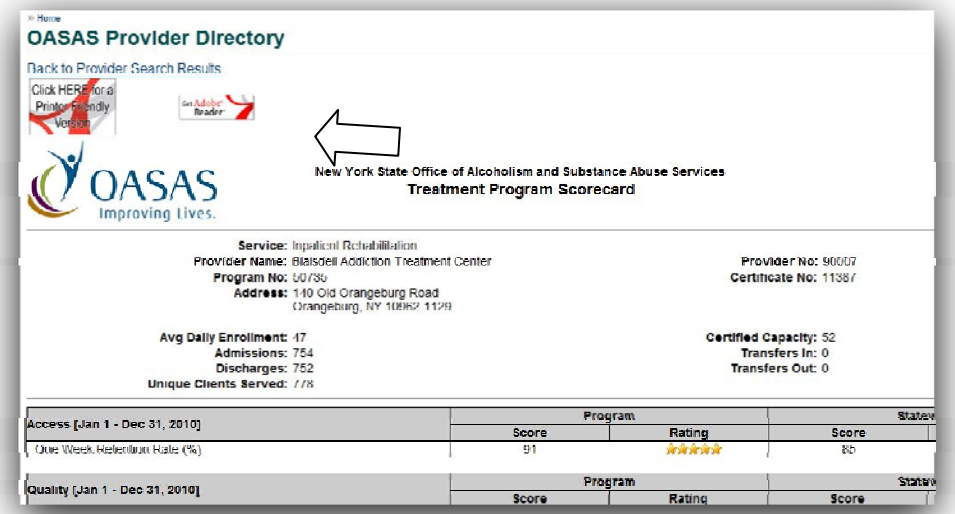


NOTE: You may also choose a specific provider. Choosing a provider will return all programs operated by the provider regardless of program location or service type.

Click on the Submit button and you will see the Search Results for all programs matching the selection criteria. The first program in the list shown is **Blaisdell Addiction Treatment Center**.



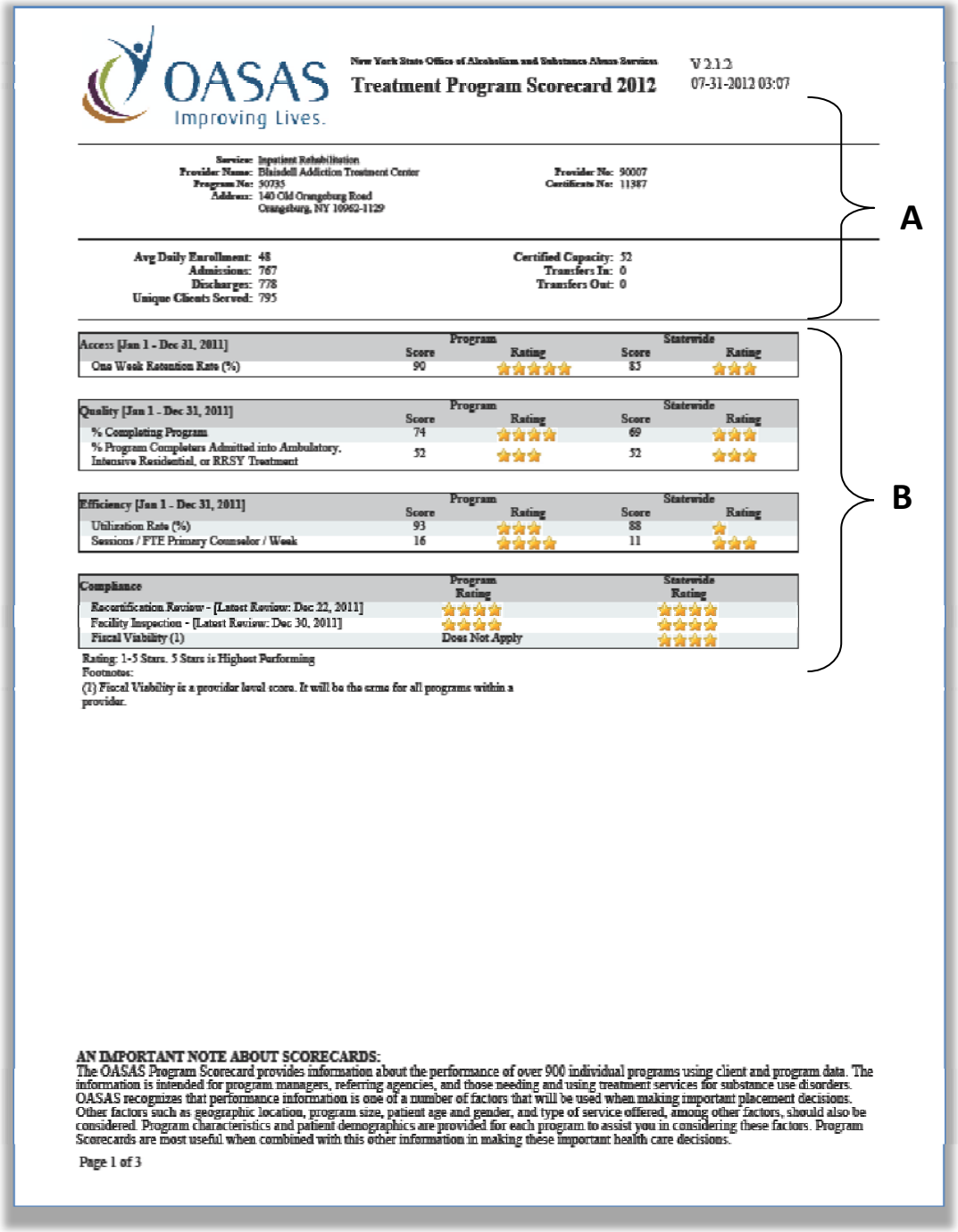
Click on the View Program Scorecard and the scorecard for the program will be shown as a webpage.



By clicking on the icon for the Printer Friendly Version, a portable document format (PDF) of the scorecard will be created. You can save this file to your computer or print it out on 8 ½" x 11" paper. Each scorecard is 3 pages. You will need Adobe Acrobat Reader installed on your computer to read the PDF format scorecard. A link to download free Adobe Acrobat Reader software is provided.

The scorecard (shown on the following three pages) is composed of multiple sections.

Section	Information
A	General program identifying information as well as annual enrollment, admissions and discharges.
B	Program and statewide scores and ratings on the applicable metrics.
C	Program information including links to the provider's website, contact information, operating and admitting hours, etc.
D	Client demographics including age, gender, substances of abuse, etc.



OASAS Improving Lives.

New York State Office of Alcoholism and Substance Abuse Services

Treatment Program Scorecard 2012

V 2.1.2
07-31-2012 03:07

Service: Inpatient Rehabilitation
Provider Name: Blaisdell Addiction Treatment Center
Program No: 50735
Address: 140 Old Orangeburg Road
Orangeburg, NY 10962-1129

Provider No: 90007
Certificate No: 11387

Avg Daily Enrollment: 48
Admissions: 767
Discharges: 778
Unique Clients Served: 795

Certified Capacity: 52
Transfers In: 0
Transfers Out: 0

A

Access [Jan 1 - Dec 31, 2011]	Program Score	Program Rating	Statewide Score	Statewide Rating
One Week Retention Rate (%)	90	★★★★★	85	★★★

Quality [Jan 1 - Dec 31, 2011]	Program Score	Program Rating	Statewide Score	Statewide Rating
% Completing Program	74	★★★★	69	★★★
% Program Completers Admitted into Ambulatory, Intensive Residential, or RRSY Treatment	52	★★★	52	★★★

Efficiency [Jan 1 - Dec 31, 2011]	Program Score	Program Rating	Statewide Score	Statewide Rating
Utilization Rate (%)	93	★★★	88	★
Sessions / FTE Primary Counselor / Week	16	★★★★	11	★★★

Compliance	Program Rating	Statewide Rating
Recertification Review - [Latest Review: Dec 22, 2011]	★★★★	★★★★
Facility Inspection - [Latest Review: Dec 30, 2011]	★★★★	★★★★
Fiscal Viability (1)	Does Not Apply	★★★★

B

Rating: 1-5 Stars. 5 Stars is Highest Performing
Footnotes:
(1) Fiscal Viability is a provider level score. It will be the same for all programs within a provider.

AN IMPORTANT NOTE ABOUT SCORECARDS:
The OASAS Program Scorecard provides information about the performance of over 900 individual programs using client and program data. The information is intended for program managers, referring agencies, and those needing and using treatment services for substance use disorders. OASAS recognizes that performance information is one of a number of factors that will be used when making important placement decisions. Other factors such as geographic location, program size, patient age and gender, and type of service offered, among other factors, should also be considered. Program characteristics and patient demographics are provided for each program to assist you in considering these factors. Program Scorecards are most useful when combined with this other information in making these important health care decisions.

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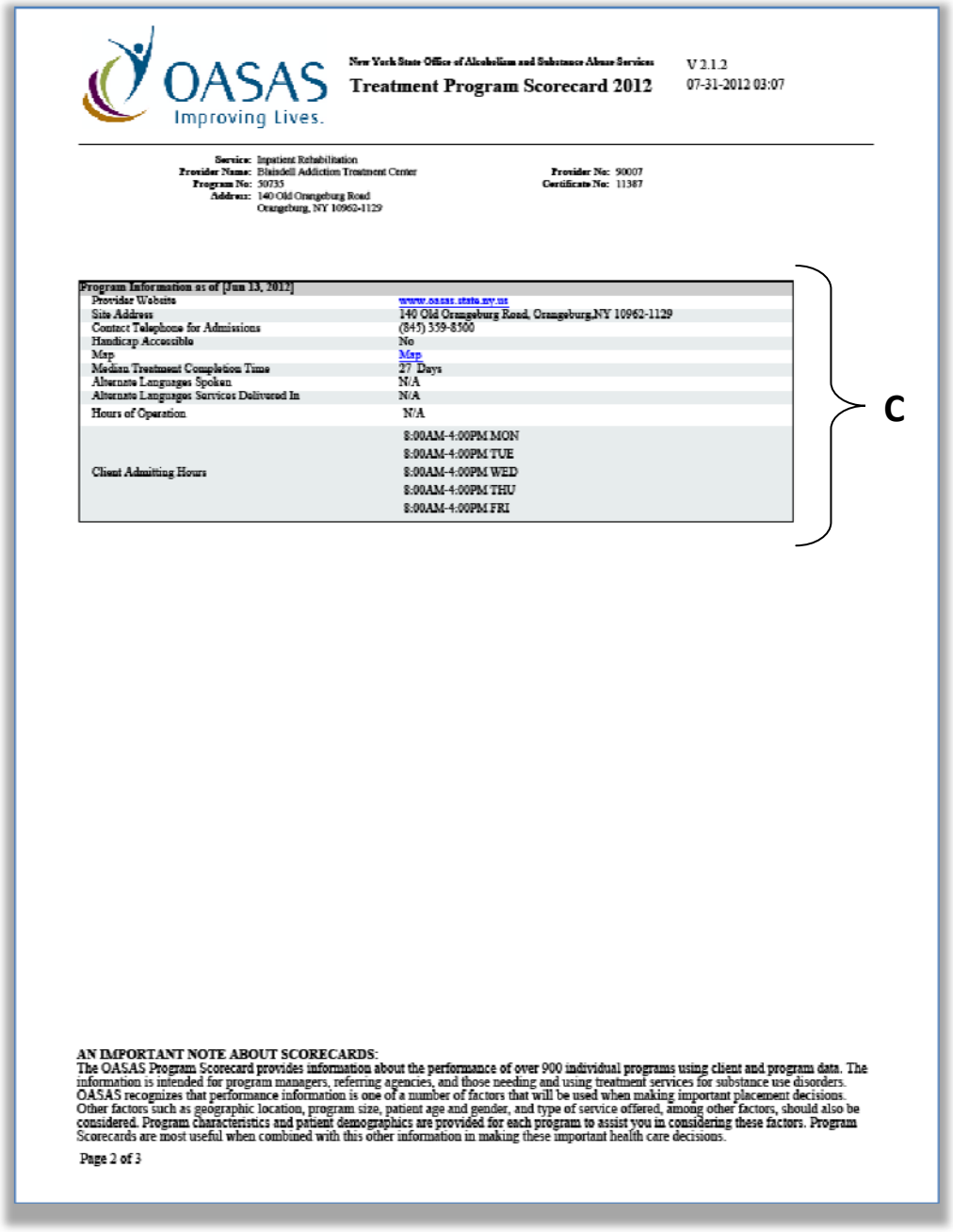

New York State Office of Alcoholism and Substance Abuse Services

Treatment Program Scorecard 2012

V 2.1.2
07-31-2012 03:07

Service: Inpatient Rehabilitation
Provider Name: Blaisdell Addiction Treatment Center
Program No: 50735
Address: 140 Old Orangeburg Road
Orangeburg, NY 10962-1129

Provider No: 90007
Certificate No: 11387

Program Information as of [Jun 13, 2012]	
Provider Website	www.oasas.state.ny.us
Site Address	140 Old Orangeburg Road, Orangeburg,NY 10962-1129
Contact Telephone for Admissions	(845) 359-8500
Handicap Accessible	No
Map	Map
Median Treatment Completion Time	27 Days
Alternate Languages Spoken	N/A
Alternate Languages Services Delivered In	N/A
Hours of Operation	N/A
Client Admitting Hours	8:00AM-4:00PM MON 8:00AM-4:00PM TUE 8:00AM-4:00PM WED 8:00AM-4:00PM THU 8:00AM-4:00PM FRI

C

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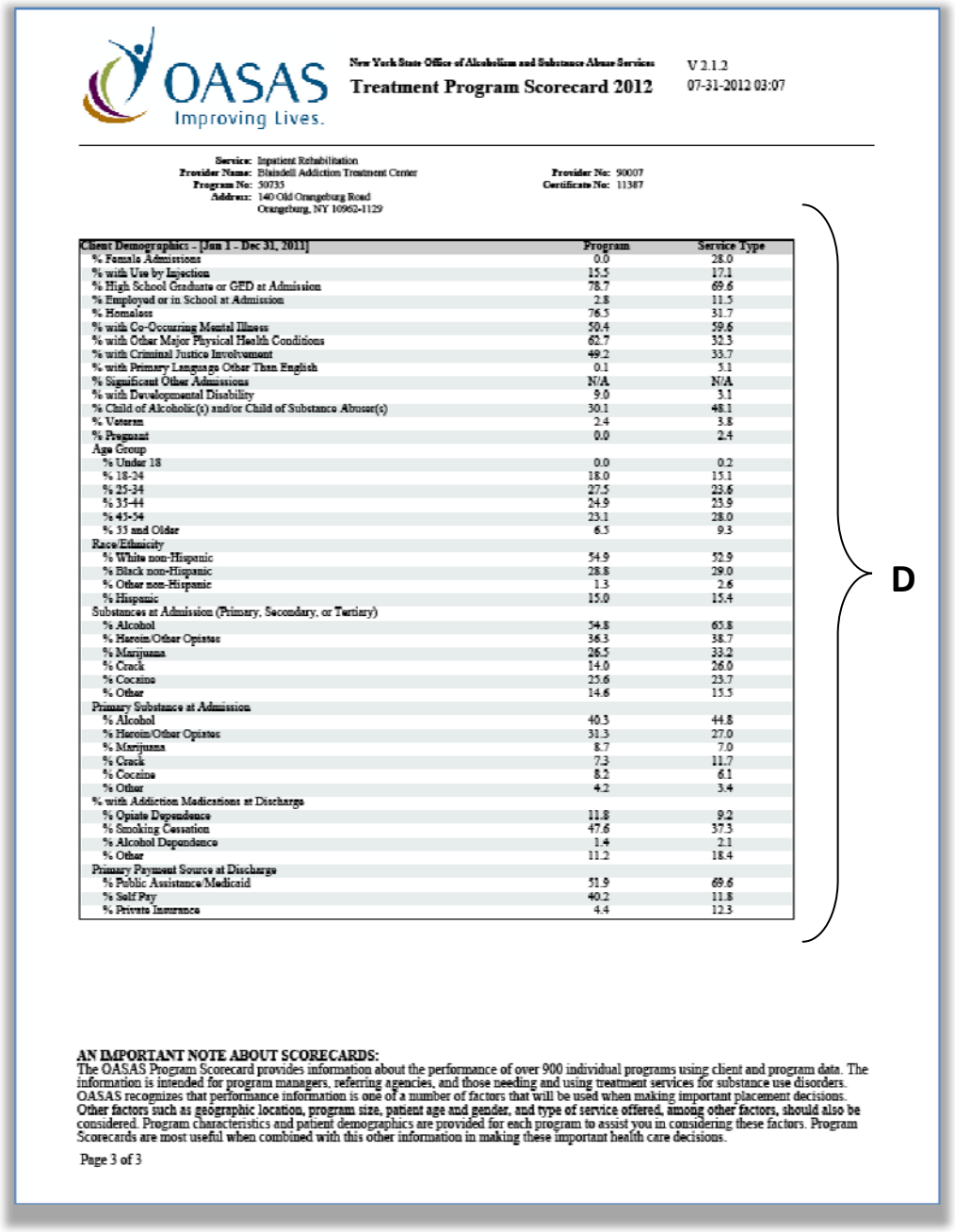

New York State Office of Alcoholism and Substance Abuse Services V 2.1.2

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Service: Inpatient Rehabilitation
Provider Name: Blaisdell Addiction Treatment Center
Program No: 50735
Address: 140 Old Orangeburg Road
Orangeburg, NY 10962-1129

Provider No: 50007
Certificate No: 11387

Client Demographics - [Jan 1 - Dec 31, 2011]	Program	Service Type
% Female Admissions	0.0	28.0
% with Use by Injection	15.5	17.1
% High School Graduate or GED at Admission	78.7	69.6
% Employed or in School at Admission	2.8	11.5
% Homeless	76.5	31.7
% with Co-Occurring Mental Illness	50.4	59.6
% with Other Major Physical Health Conditions	62.7	32.3
% with Criminal Justice Involvement	49.2	33.7
% with Primary Language Other Than English	0.1	5.1
% Significant Other Admissions	N/A	N/A
% with Developmental Disability	9.0	3.1
% Child of Alcoholic(s) and/or Child of Substance Abuser(s)	30.1	48.1
% Veteran	2.4	3.8
% Pregnant	0.0	2.4
Age Group		
% Under 18	0.0	0.2
% 18-24	18.0	15.1
% 25-34	27.5	23.6
% 35-44	24.9	23.9
% 45-54	23.1	28.0
% 55 and Older	6.5	9.3
Race/Ethnicity		
% White non-Hispanic	54.9	52.9
% Black non-Hispanic	28.8	29.0
% Other non-Hispanic	1.3	2.6
% Hispanic	15.0	15.4
Substances at Admission (Primary, Secondary, or Tertiary)		
% Alcohol	54.8	65.8
% Heroin/Other Opiates	36.3	38.7
% Marijuana	26.5	33.2
% Crack	14.0	26.0
% Cocaine	25.6	23.7
% Other	14.6	15.5
Primary Substance at Admission		
% Alcohol	40.3	44.8
% Heroin/Other Opiates	31.3	27.0
% Marijuana	8.7	7.0
% Crack	7.3	11.7
% Cocaine	8.2	6.1
% Other	4.2	3.4
% with Addiction Medications at Discharge		
% Opiate Dependence	11.8	9.2
% Smoking Cessation	47.6	37.3
% Alcohol Dependence	1.4	2.1
% Other	11.2	18.4
Primary Payment Source at Discharge		
% Public Assistance/Medicaid	51.9	69.6
% Self Pay	40.2	11.8
% Private Insurance	4.4	12.3

D

AN IMPORTANT NOTE ABOUT SCORECARDS:
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Metric Definitions

1-Month Retention Rate

This metric provides information on a program's ability to retain clients for at least one month and represents the percent of clients discharged in a given period that either completed the program or had been in continuous treatment for one month (30 days) or longer at time of discharge.

Formula

1-Month Retention Rate (%) = 100 x ($D_C + D_{30D}$)/D_{Tot}

Where:

D_C = Number of primary clients and significant others who completed the program[1].

D_{30D} = Number of primary clients and significant others who did not complete the program but had a length of stay of one month (30 days) or longer at time of discharge.

D_{Tot} = Number of primary clients and significant others discharged from the program in a given period.

If:

D_C = 20 clients completed treatment

D_{30D} = 12 clients didn't complete treatment but had a length of stay of 30 days or more.

D_{Tot} = 34 clients were discharged from the program during the period

Then:

1-Month Retention Rate (%) = 100 x (20 + 12)/(34) = 100 x32/34 = 94%.

Data Source: Client Data System, Admissions (PAS-44N) and Discharges (PAS-45N)

Program Applicability: Metric Matrix.

Rating Methodology: See Appendix A.

NOTES:

1 Completed the program: refers to clients whose '***discharge status***' was "Completed Treatment: All Goals Met" OR "Completed Treatment: Half or More Goals Met", based on Client Discharge Report (PAS-45N).

2 Length-of-stay of one month or longer: period of time in which the client was in continuous treatment *30 days (= 365/12) or longer*, measured by the number of days between client's admission and discharge dates (from the PAS-44N and PAS-45N).

One-Week Retention Rate

This metric provides information on a program's ability to retain clients for at least one week and represents the percent of clients discharged in a given period that either completed the program or had been in continuous treatment for one week (7 days) or longer at the time of discharge.

Formula

One Week Retention Rate (%) = 100 x ($D_C + D_{7D}$)/D_{Tot}

Where:

D_C = Number of primary clients who completed[1] the program.

D_{7D} = Number of primary clients who did not complete the program but had a length of stay of one week (7 days) or longer at time of discharge.

D_{Tot} = Number of primary clients discharged from the program in a given period.

If:

D_C = 20 primary clients completed treatment.

D_{7D} = 9 primary clients didn't complete treatment but had a length of stay of 7 days or longer.

D_{Tot} = 46 Primary clients were discharged from the program during the period.

Then:

One Week Retention Rate (%) = 100 x (20 + 9)/(46) = 100 x 29/46 = 63 %.

Data Source: Client Data System, Admissions (PAS-44N) and Discharges (PAS-45N)

Program Applicability: Metric Matrix.

Rating Methodology: See Appendix A.

NOTES:

1 Completed the program: refers to clients whose '***discharge status***' was "Completed Treatment: All Goals Met" OR "Completed Treatment: Half or More Goals Met", based on Client Discharge Report (PAS-45N).

2 Length-of-stay of one week or longer: period of time in which the client was in continuous treatment *7 days or longer*, measured by the number of days between client's admission and discharge dates (from the PAS-44N and PAS-45N).

3-Month Retention Rate

This metric provides information on a program's ability to retain clients for at least three months and represents the percent of clients discharged in a given period that either completed the program or had been in continuous treatment for three months (91 days) or longer at time of discharge.

Formula

3-Month Retention Rate (%) = 100 x ($D_C + D_{91D}$)/D_{Tot}

Where:

D_C = Number of primary clients and significant others who completed[1] the program.

D_{91D} = Number of primary clients and significant others who did not complete the program but had a length of stay of three months (91 days) or longer at time of discharge.

D_{Tot} = Number of primary clients and significant others discharged from the program in a given period.

If:

D_C = 20 clients completed treatment.

D_{91D} = 12 clients didn't complete treatment but had a length of stay of 91 days or more.

D_{Tot} = 46 clients were discharged from the program during the period.

Then:

3-Month Retention Rate (%) = 100 x (20 + 12)/(46) x 100% = 100 x 32/46 = 70%.

Data Source: Client Data System, Admissions (PAS-44N) and Discharges (PAS-45N)

Program Applicability: Metric Matrix.

Rating Methodology: See Appendix A.

NOTES:

1 Completed the program: refers to clients whose '***discharge status***' was "Completed Treatment: All Goals Met" OR "Completed Treatment: Half or More Goals Met", based on Client Discharge Report (PAS-45N).

2 Length-of-stay of one month or longer: period of time in which the client was in continuous treatment *91 days or longer*, measured by the number of days between client's admission and discharge dates (from the PAS-44N and PAS-45N).

3 Includes Significant Others.

6-Month Retention Rate

This metric provides information on a program's ability to retain clients for at least six months and represents the percent of clients discharged in a given period that either completed the program or had been in continuous treatment for six months (182 days) or longer at time of discharge.

Formula

6-Month Retention Rate (%)= 100 x ($D_C + D_{182D}$)/D_{Tot}

Where:

D_C = Number of primary clients and significant others who completed[1] the program.

D_{182D} = Number of primary clients and significant others who did not complete the program but had a length of stay of six months (182 days) or longer at time of discharge.

D_{Tot} = Number of primary clients and significant others discharged from the program in a given period.

If:

D_C = 20 clients completed treatment.

D_{91D} = 4 clients didn't complete treatment but had a length of stay of 182 days or more.

D_{Tot} = 46 clients were discharged from the program during the period.

Then:

6-Month Retention Rate (%) = 100 x (20 + 4)/(46) = 100 x 24/46 = 52%.

Data Source: Client Data System, Admissions (PAS-44N) and Discharges (PAS-45N)

Program Applicability: Metric Matrix.

Rating Methodology: See Appendix A.

NOTES:

1 Completed program: refers to clients whose '***discharge status***' was "Completed Treatment: All Goals Met" OR "Completed Treatment: Half or More Goals Met", based on Client Discharge Report (PAS-45N).

2 Length-of-stay of 3 months or longer: period of time in which the client was in continuous treatment 182 *days or longer*, measured by the number of days between client's admission and discharge dates (from the PAS-44N and PAS-45N).

3 Includes Significant Others.

1-Year Retention Rate

This metric provides information on a program's ability to retain clients for at least one year and represents the percent of clients discharged in a given period who either completed the program[1] or had been in continuous treatment for 12 months (365 days) or longer at time of discharge.

Formula

1- Year Retention Rate = 100 x ($D_C + D_{365D}$)/D_{Tot}

Where:

D_C = Number of primary clients and significant others who completed the program.

D_{365D} = Number of primary clients and significant others who did not complete the program but had a length of stay of 12 months (91 days) or longer at time of discharge.

D_{Tot} = Number of primary clients and significant others discharged from the program in a given period.

If:

D_C = 20 clients completed treatment

D_{365D} = 2 clients didn't complete treatment but had a length of stay of 365 days or more.

D_{Tot} = 46 clients were discharged from the program during the period

Then:

1-Year Retention Rate = 100 x (20 + 2)/(46) x 100% = 22/46 x 100% = 48%.

Data Source: Client Data System, Admissions (PAS-44) and Discharges (PAS-45)

Program Applicability: Metric Matrix.

Rating Methodology: See Appendix A.

NOTES:

1 Completed the program: refers to clients whose '***discharge status***' was "Completed Treatment: All Goals Met" OR "Completed Treatment: Half or More Goals Met", based on Client Discharge Report (PAS-45N).

2 Length-of-stay of one month or longer: period of time in which the client was in continuous treatment *365 days or longer*, measured by the number of days between client's admission and discharge dates (from the PAS-44N and PAS-45N).

3 Includes Significant Others.

% Completing Program[1]

This metric provides information on a program's ability to get clients to complete their regimens and represents the percent of clients discharged [2, 3] in a given period who completed the program.

Formula

% Completing Program = 100 x (D_C)/(D_{Tot}- D_{Arrest} - D_{MHH})

Where:

D_C = Number of primary clients who completed[1] the program.

D_{Tot} = Number of primary clients discharged from the program in a given period.

D_{Arrest} = Number of primary clients who were arrested or incarcerated.

D_{MHH} = Number of primary clients who were referred to Health or Mental Health programs.

If:

D_C = 20 clients completed the program's regimen.

D_{Tot} = 30 clients were discharged from the program during the period.

D_{Arrest} = 2 primary clients who did not complete the program and were arrested/incarcerated.

D_{MHH} = 3 clients were who did not complete the program and were referred to Health/Mental Health programs.

Then:

% Completing Program = 100 x (20)/(30-2-3) = 100 x 20/25 = 80%.

Data Source: Client Data System, Admissions (PAS-44) and Discharges (PAS-45)

Program Applicability: Metric Matrix.

Rating Methodology: See Appendix A.

NOTES:

1 Completed the program: refers to clients whose '***discharge status***' was "Completed Treatment: All Goals Met" OR "Completed Treatment: Half or More Goals Met", based on Client Discharge Report (PAS-45N).

2 Clients arrested or incarcerated are excluded from this calculation.

3 Clients who did not complete the program but were referred to Mental Health or Health program were excluded from this calculation.

% Completing Program[1] or Referred

This metric provides information on a program's ability to get clients[2] to either complete their regimens or to get clients into more appropriate chemical dependence treatment. It is the percent of clients [2,3] who either completed the program or within 45 days of discharge were referred to and admitted to another chemical dependence program[4].

Formula

% Completing Program = 100 x (D_C + D_{CD})/D_{Tot} - D_{Arrest} - D_{MHH})

Where:

D_C = Number of clients who completed the program.

D_{CD} = Number of clients who were referred and admitted to another chemical dependence treatment program.

D_{Tot} = Number of clients discharged from the program in a given period.

D_{MHH} = Number of clients who were referred to Mental Health or Health programs.

D_{Arrest} = Number of clients who were arrested or incarcerated.

If:

D_C = 15 clients completed the program's regimen.

D_{CD} = 3 clients who were referred and admitted to another chemical dependence treatment program.

D_{Tot} = 30 clients were discharged from the program during the period.

D_{MHH} = 5 clients were referred to Health/Mental Health programs.

D_{Arrest} = 2 clients were arrested/incarcerated and did not complete the program.

Then:

% Completing Program = (15 + 3)/(30-2-5) x 100% = 100 x 18/23 = 78%.

Data Source: Client Data System, Admissions (PAS-44N) and Discharges (PAS-45N)

Program Applicability: Metric Matrix.

Rating Methodology: See Appendix A.

NOTES:

1 Completed the program: refers to clients whose '***discharge status***' was "Completed Treatment: All Goals Met" OR "Completed Treatment: Half or More Goals met", based on Client Discharge Report (PAS-45N).

2 Clients who were arrested or incarcerated are excluded from this calculation.

3 Clients who did not complete the program but were referred to a Mental Health or a Health program are excluded from this calculation.

4 Admission to other chemical dependence treatment programs is determined by tracking clients (using a client unique identifier) in the Client Data System (CDS). A client is counted if the client was admitted to another chemical dependence program within 45 days of discharge.

5 This measure includes primary clients and significant others.

% Program Completers[1] Admitted into Ambulatory Treatment

This metric provides information on the degree to which residential programs have successfully transitioned their clients into outpatient treatment. It is the percent of clients who had completed the program who were subsequently admitted into an outpatient program within 45 days of discharge.

Formula

% Program Completers Admitted into Ambulatory Treatment
$= 100 \times (D_{AAmb} + D_{InAmb}) / (D_C)$

Where:

D_{AAmb} = Number of primary clients who completed AND were admitted to ambulatory treatment within 45 days of discharge.

D_{InAmb} = Number of primary clients who completed AND were already in ambulatory treatment at the time of discharge.

D_C = Number of primary clients who completed[1] the program.

If:

D_{AAmb} = 8 primary clients completed the program and were admitted to ambulatory treatment.

D_{InAmb} = 4 primary clients completed and were already in ambulatory treatment.

D_C = 20 primary clients completed the program.

Then:

% Program Completers Admitted into Ambulatory Treatment
$= 100 \times (8 + 4) / (20) = 100 \times 12/20 = 60\%$

Data Source: Client Data System, Admissions (PAS-44) and Discharges (PAS-45)

Program Applicability: See Metric Matrix.

Rating Methodology: See Appendix A.

NOTES:

1 Program Completers: refers to clients whose '***discharge status***' was "Completed Treatment: All Goals Met" OR "Completed Treatment: Half or More Goals Met", based on Client Discharge Report (PAS-45N).

% Program Completers[1] Admitted into Ambulatory, Intensive Residential or RRSY Treatment

This metric provides information on the degree to which Inpatient Rehabilitation programs have successfully transitioned their clients into outpatient, intensive residential or Residential Rehabilitation Services for Youth (RRSY) treatment. It is the percent of clients who had completed the program who were subsequently admitted into an outpatient, Intensive Residential or RRSY program within 45 days of discharge.

Formula

% Program Completers Admitted into Ambulatory, Intensive Residential or RRSY Treatment = 100 x (D_{AAmbIR} + D_{InAmb}) / (D_C)

Where:

D_{AAmbIR} = Number of primary clients who completed AND were admitted to ambulatory, Intensive Residential or RRSY treatment within 45 days of discharge.

D_{InAmb} = Number of primary clients who completed AND were already in ambulatory treatment at the time of discharge.

D_C = Number of primary clients who completed[1] the program.

If:

D_{AAmbIR} = 14 primary clients completed the program and were admitted to ambulatory, Intensive Residential or RRSY treatment.

D_{InAmb} = 4 primary clients completed and were already in ambulatory treatment.

D_C = 30 primary clients completed the program.

Then:

% Program Completers Admitted into Ambulatory, Intensive Residential or RRSY Treatment =100 x (14 + 4) / (30) = 100 x 18/30 = 60 %

Data Source: Client Data System, Admissions (PAS-44) and Discharges (PAS-45)

Program Applicability: See Metric Matrix.

Rating Methodology: See Appendix A.

NOTES:

1 Program Completers: refers to clients whose '***discharge status***' was "Completed Treatment: All Goals Met" OR "Completed Treatment: Half or More Goals Met", based on Client Discharge Report (PAS-45N).

% of Program Completers[1] Admitted into Other Treatment

This metric provides information on the degree to which Crisis services programs have successfully transitioned their clients into longer term chemical dependence treatment programs. It is the percent of clients who completed the program (i.e., program completers) who were subsequently admitted into other chemical dependence treatment (not Crisis Services or Key Extended Entry Program) within 45 days of discharge.

Formula

% Program Completers Admitted into Other Treatment = 100 x (D_{AOth} /D_C)

Where:

D_C = Number of primary clients who completed[1] the program.

D_{AOth} = Number of primary clients who completed and were admitted to other chemical dependence treatment within 45 days of discharge.

If:

D_C = 200 primary clients completed the program.

D_{AOth} = 40 primary clients completed and were admitted to other chemical dependence treatment within 45 days of discharge.

Then:

% Program Completers Admitted into Other Treatment = 100 x (40/200) = 20%

Data Source: Client Data System, Admissions (PAS-44) and Discharges (PAS-45)

Program Applicability: See Metric Matrix.

Rating Methodology: See Appendix A.

NOTES**:**

1 Program Completers: refers to clients whose '***discharge status***' was "Completed Treatment: All Goals Met" OR "Completed Treatment: Half or More Goals Met", based on Client Discharge Report (PAS-45N).

% Discontinued Use

This metric provides information on a program's ability to get clients to discontinue use of substances of abuse and represents the percent of all primary clients[1] who completed the program[2] or had a length of stay of one month or longer who have discontinued use of reported substances at discharge[3]. It does not include clients who do not complete the program or have a length of stay less than 30 days.

Formula

% Discontinued Use = $(A_C + A_{30D}) / (D_C + D_{30D}) \times 100$

Where:

A_C = Number of primary clients[1] discharged from the program in a given period who completed the program[2] and at discharge reported no usage of primary, secondary, or tertiary admission substance, or of different substances reported at discharge.

A_{30D} = Number of primary clients discharged from the program who did not complete the program at discharge but had a length-of-stay in the program of one month or longer and at discharge reported no usage of primary, secondary, or tertiary admission substance, or of different substances reported at discharge.

D_C = Number of primary clients who completed the program.

D_{30D} = Number of primary clients who did not complete the program but had a length of stay of one month (30 days) or longer at time of discharge.

If:

A_C = 15 clients completed and reported no usage of substances.

A_{30D} = 12 clients didn't complete treatment but had a length of stay of 30 days or more, and reported no usage at discharge.

D_C = 14 clients completed the program.

D_{30D} = 20 clients did not complete the program but had a length of stay of one month (30 days) or longer at time of discharge.

Then:

% Discontinued Use = 100 x (15 + 12) / (14+ 20) = 100 x 27/34 = 79%

Data Source: Client Data System, Admissions (PAS-44N) and Discharges (PAS-45N)

Program Applicability: See Metric Matrix.

Rating Methodology: See Appendix A.

NOTES:

1 **Primary Client**: where on PAS-44N ['Significant Other= "No'], i.e., Significant Others are not included in this index.

2 **Completed program**: refers to clients whose '***discharge status***' was "Completed Treatment: All Goals Met" OR "Completed Treatment: Half or More Goals Met", based on Client Discharge Report (PAS-45N).

3 **Current Status (at Discharge) of Primary, Secondary, or Tertiary Admission Substance, or of different substances reported at discharge**: based on PAS-45N [Current Status (at discharge) of Problem Substances Reported at Admission: Primary, Secondary, and Tertiary Substance, or of Different Problem Substances Used and Not Reported at Admission, not indicating usage in the past 30 days].

4 **Length-of-stay of one month or longer**: period of time in which the client was in continuous treatment *30 days (= 365/12) or longer*, measured by the number of days between client's admission and discharge dates (from the PAS-44N and PAS-45N).

% Discontinued Use (MCAS)

This metric provides information on a Methadone program's ability to get clients to discontinue use of substances of abuse and represents the percent of all primary clients who completed treatment or had a length of stay of at least 12 months and have a current Methadone Client Annual Status (MCAS) update report, who have discontinued use[4] of reported substances as of their current year MCAS report.

Formula

% Discontinued Use = 100 x ($A_{MACS} + A_{30D}$) / ($D_C + D_{30D}$)

Where:

A_{MACS} = Number of primary clients[1] discharged from the program in a given period who completed the program[2] and at discharge reported no usage of primary, secondary, or tertiary admission substance, or of different substances reported at discharge.

A_{30D} = Number of primary clients discharged from the program who did not complete the program at discharge but had a length-of-stay in the program of one month or longer and at discharge reported no usage of primary, secondary, or tertiary admission substance, or of different substances reported at discharge.

D_C = Number of primary clients who completed the program.

D_{30D} = Number of primary clients who did not complete the program but had a length of stay of one month (30 days) or longer at time of discharge.

If:

A_C = 15 clients completed and reported no usage of substances.

A_{30D} = 12 clients didn't complete treatment but had a length of stay of 30 days or more, and reported no usage at discharge.

D_C = 14 clients completed the program.

D_{30D} = 20 clients did not complete the program but had a length of stay of one month (30 days) or longer at time of discharge.

Then:

% Discontinued Use = 100 x (15 + 12) / (14+ 20) =100 x 27/34 x 100% =79%

Data Source: Client Data System, Admissions (PAS-44N) and Discharges (PAS-45N) Methadone Client Annual Status report (MCAS) (PAS-26N)

Program Applicability: See Metric Matrix.

Rating Methodology: See Appendix A.

NOTES:

1 **Primary Client**: where on PAS-44N ['Significant Other = "No'], i.e., Significant Others are not included in this index.

2 **Clients discharged who completed program**: refers to clients whose '***discharge status***' was "Completed Treatment: All Goals Met" OR "Completed Treatment: Half or More Goals Met", based on Client Discharge Report (PAS-45N).

3 **Current Status (at Discharge) of Primary, Secondary, or Tertiary Admission Substance, or of different substances reported at discharge**: based on PAS-45N [Current Status (at discharge) of Problem Substances Reported at Admission: Primary, Secondary, and Tertiary Substance, or of Different Problem Substances Used and Not Reported at Admission.

4 **Discontinued use:** no usage in the 30 days prior to discharge.

5 **Length-of-stay of one month or longer**: period of time in which the client was in continuous treatment *30 days (= 365/12) or longer*, measured by the number of days between client's admission and discharge dates (from the PAS-44N and PAS-45N).

% of Clients Maintaining Full-Time Employment or Improving Employment-Related Status

This metric provides information on a program's ability to improve the employment and/or educational status of its clients. It is the percent of all primary clients with a length of stay of three months (91 days) or longer at discharge, maintained their full-time employment status or had an improved employment-related status.

Formula

% Clients Maintaining Full-Time Employment or Improving Employment-Related Status = $(D_{EmpRel})/(D_{91Days}) \times 100\%$

Where:

D_{91Days} = Number of primary clients with a length of stay of 91 days or longer.

D_{EmpRel} = Number of clients who with a length of stay of 91 days or longer and had an improved employment-related status (see chart below[1])

If:

D_{91Days} = 40 primary clients had a length of stay of 91 days or longer

D_{EmpRel} = 12 primary clients had a length of stay of 91 days or longer and had an improved employment-related status.

Then:

% Clients Maintaining Full-Time or Improving Employment-Related Status = $(12)/(40) \times 100\% = 30\%$

Data Source: Client Data System, Admissions (PAS-44N) and Discharges (PAS-45N)

Program Applicability: See Metric Matrix

Rating Methodology: See Appendix A.

NOTES:

1 Maintenance of full-time employment or an improvement of employment status is indicated if clients with an employment status in the "At Admission" then have the status shown in "At Discharge" within the same row. For example, a client not in the labor force because they are Not Employed/Able to Work at admission, and at discharge are not in the labor force and are in training has achieved an improvement in their employment related status.

Employment Status

Row	At Admission	At Discharge
1	Any Employment Status (Including Full-Time Employment)	Employed Full-Time
2	Unemployed: looking for work; not looking for work; in treatment Not in Labor Force: Providing child care; Disability; Retired; Inmate; Other Not Employed/Able to work; Unable to work, mandated treatment Social Services Work Exp Prog	(Any one of the below) Employed PT (35 hrs/week) or Not in Labor Force, Student Not in Labor Force, In Training
3	Not in Labor Force: Student In training	Employed Part Time <35 hrs/week

% of Clients Maintaining Full-Time Employment or Improving Employment-Related Status (MCAS)

This metric provides information on a Methadone program's ability to improve the employment and/or educational status of its clients. It is the percent of all primary clients with a length of stay of 12 months or longer who maintained their full-time employment status or had an improved employment-related status.

Formula

% Clients Maintaining Full-Time Employment or Improving Employment-Related Status = ($MCAS_{ImpEmp}$) /(MCAS) x 100%

Where:

MCAS = Number of primary clients with a length of stay of 12 months or longer with a current year MCAS report.

$MCAS_{ImpEmp}$ = Number of primary clients with a length of stay of 12 months or longer with a current year MCAS report who had an improved employment-related status compared to their admission (see chart below[1]).

If:

MCAS = 200 primary clients had a length of stay of 12 months or longer and have a current year MCAS report.

$MCAS_{ImpEmp}$ = 80 primary clients had a length of stay of 12 months or longer and had a current year MCAS report and had an improved employment-related status.

Then:

% Clients Maintaining Full-Time or Improving Employment-Related Status (MCAS) = 100 x (80)/(200) = 40%

Data Source: Client Data System(PAS-44N), Methadone Client Annual Status Report (PAS-26N)

Program Applicability: See Metric Matrix
Rating Methodology: See Appendix A.

NOTES:

1 Excludes clients without a current year MCAS report.

2 Maintenance of full-time employment or an improvement of employment status is indicated if clients with an employment status in the "At Admission" have the status shown in "At Discharge" within the same row. For example, a client not in the labor force because they are Not Employed/Able to Work at admission, and at discharge are not in the labor force and are in training has achieved an improvement in their employment related status.

Employment Status

Row	At Admission	At Discharge
1	Any Employment Status (Including Full-Time Employment)	Employed Full-Time
2	Unemployed: looking for work; not looking for work; in treatment Not in Labor Force: Providing child care; Disability; Retired; Inmate; Other Not Employed/Able to work; Unable to work, mandated treatment Social Services Work Exp Prog	(Any one of the below) Employed PT (35 hrs/week) or Not in Labor Force, Student Not in Labor Force, In Training
3	Not in Labor Force: Student In training	Employed Part Time <35 hrs/week

Utilization Rate

This metric provides information on the degree to which a program functions at its certified capacity.

Formula

Utilization Rate (%) = 100 x (D_C)/ (M_C)

Where:

D_C= Average Daily Census during the period.

M_C= Average Monthly Certified Capacity during the period.

If:

D_C = 22 was the Average Daily Census during the period.

M_C = 24 was the Average Certified Capacity during the period.

Then:

Utilization Rate = 100 x (22)/(24) = 92%.

Data Source: Client Data System, Admissions (PAS-44N) and Discharges (PAS-45N); Monthly Service Delivery (PAS-48N)

Program Applicability: Metric Matrix

Rating Methodology: See Appendix A.

NOTES:

1 A program's Average Daily Census is based on the total 'patient days' divided by the days in the period.

2 A program's Average Monthly Capacity, from the Provider Directory System, is the average certified capacity of the program during the period.

Individual and Group Counseling Sessions per FTE[1] Primary Counselor per Week[2]

This metric provides information on counseling staff workload and productivity.

Formula

Counseling Sessions per FTE per Week = (S_I+S_G)/ C_{FTE}

Where:

S_I= Average number of individual counseling sessions per week.

S_G= Average number of group counseling sessions per week.

C_{FTE}=Avg End of Month Primary Counselors on Payroll.

If:

S_I = 10 was the average number of individual counseling sessions per week.

S_G = 34 was the average number of group counseling sessions per week.

C_{FTE} = 4 was the average end of month Primary Counselors on payroll.

Then:

Counseling Sessions per FTE per Week = (10+34) / 4 = 11

Data Source: Monthly Service Delivery (PAS-48N)

Program Applicability: See Metric Matrix

Rating Methodology: See Appendix A.

NOTES:

1 FTE= Full-Time Equivalent.

2 Sessions per week calculations are made by dividing annualized sessions by 365.25/7 (i.e., 52.18 weeks per year).

2012 Chemical Dependence Treatment Program Scorecard
Program Information and Client Demographics Documentation

Program Information

Why is program information important?

This section provides practical, basic information about programs. Details such as operating hours and languages that services are delivered in can help consumers decide if a program meets their needs. Program contact information is also shown. Consumers are encouraged to contact programs and to visit provider websites.

Where does this information come from?

This information comes from the Provider Directory System, which contains information about programs and is maintained by OASAS, and the Program Profile and Services Inventory (PPSI), which contains more detailed data about program operations and is also maintained by OASAS, but is updated annually by providers.

Item Descriptions

Provider Website
Link to the provider's website, if one is available.

Site Address
This is the physical address where services are delivered.

Contact Telephone for Admissions
This is the telephone number that consumers can call to inquire about admission to the program.

Hours of Operation
This item shows the times of day that the program treats clients; this item applies to ambulatory programs only.

Client Admitting Hours
This item shows the times of day that the program will admit clients.

Median Treatment Completion Time
This item gives consumers an idea of how long it will take to complete treatment. It shows the median length of stay in days for clients who complete treatment. This item does not apply to Opioid Treatment Programs.

Alternate Languages Spoken
This item lists languages other than English spoken by program staff.

Alternate Languages Services Delivered In
This item lists languages other than English that services are delivered in.

Handicap Accessible
This is an indicator of whether or not the facility is handicap accessible, as determined by OASAS facility inspections.

Map
A link to a map of the site where services are delivered is shown. Consumers can see where the program is located.

Client Demographics

Why are client demographics important?

Client demographics provide information about the characteristics of a program's patient population, as well as the types of patients a program has experience treating. The composition of the treatment population should be considered when interpreting other parts of the Scorecard. Some demographics have been correlated with performance on certain Scorecard measures. For example, those with a co-occurring mental health disorder are slightly less likely to complete treatment; therefore programs with a higher percentage of clients with co-occurring mental health disorders may have lower scores on measures relating to treatment completion. However, it is also possible that programs with a high percentage of clients with co-occurring mental health disorders may tailor their services for this population and have higher scores on measures relating to treatment completion.

Where does this information come from?

The information comes from the OASAS Client Data System, which comprises information reported to OASAS by programs about the clients they serve. OASAS certified treatment programs are required to submit data both when clients are admitted and when they are discharged. Some of the demographics are not calculated for crisis programs, as crisis programs are required to submit less data than other service types.

Item Descriptions

% Female Admissions
Percent of admissions that were female. This item informs consumers about the gender make-up of the client population.

Age Group
Age group (% Under 18, % 18-24, % 25-34, % 35-44, % 45-54, % 55 and older) at admission. This item informs Scorecard users about the age make-up of the client population.

Race/Ethnicity
Percent in each race/ethnicity category, which is a combination of race and Hispanic origin. This item informs consumers about the racial/ethnic diversity of the client population.

Primary Substance at Admission
This item informs consumers about the substances used by clients by showing the percent of clients in each primary substance group at admission. A primary substance is the substance that is primarily responsible for the client's admission, as determined by clinical judgment, history and frequency of use, client's perception, and impact on client's health and functioning. Note that the Heroin/Other Opiates group includes heroin, non-rx methadone, other opiate/synthetic, buprenorphine, and OxyContin.

Any Substance at Admission
This item informs consumers about the substances used by clients by showing the percent of clients with the specified substance as their primary, secondary, or tertiary substance at admission. Please note that these percentages will not add up to 100. Also, note that the Heroin/Other Opiates group includes heroin, non-prescribed methadone, other opiate/synthetic opiate, buprenorphine, and OxyContin.

% with Use by Injection
Percent of clients who reported injection as a route of administration of their primary, secondary, or tertiary substance at admission. This measure may be considered a proxy for severity.

% High School Graduate or GED at Admission
Percent of clients who had either completed high school or earned a General Equivalency Diploma (GED) at admission. This measure may be considered a proxy for socio-economic status.

% Employed or in School at Admission
Percent of clients who were employed full or part time, or were in school at admission. This measure may be considered a proxy for socio-economic status.

% Homeless
Percent of clients who were homeless and not living in a shelter or homeless and living in a shelter at the time of admission.

% with Co-Occurring Mental Illness
Percent of clients who were identified as having a co-existing psychiatric condition or who reported that they had ever been treated for mental illness. This item is based on data collected at admission. Not calculated for crisis admissions.

% with Other Major Physical Health Conditions
Percent of clients who reported a hearing, mobility, speech, or sight impairment; or another major physical health condition that requires regular health care. This data is collected at admission. Not calculated for crisis admissions.

% with Developmental Disability
Percent of clients with a developmental disability identified at admission. Not calculated for crisis admissions.

% Child of Alcoholic(s) and/or Child of Substance Abuser(s)
Percent of clients who reported being the child of an alcoholic and/or substance abuser. Not calculated for crisis admissions.

% Pregnant
Percent of female clients who were pregnant at admission. Not calculated for crisis admissions.

% with Criminal Justice Involvement
Percent of clients who had either been referred to treatment by the criminal justice system or who had a criminal justice status other than none or unknown at admission. Examples of a positive criminal justice status would be a client on probation or parole.

% Veteran
Percent of clients who reported being a veteran. A veteran is defined as anyone who has served active duty in the armed forces of the United States.

% with Primary Language Other than English
Percent of clients whose primary language is not English. A primary language is the language in which the client prefers to communicate. A high percentage of clients with a primary language other than English does not necessarily mean that the program has services in a language other than English. Please refer to the Alternate Languages Services Delivered in item above, or contact the program for this information. Not calculated for crisis admissions.

% Significant Other Admissions

Percent of admissions being treated as significant others. "Significant Other" means an individual who is related to, a close friend of, associated with, or directly affected by, a chemically dependent person. Significant others may be admitted to the chemical dependence service as individuals, regardless of whether the addicted person is in treatment, or the Significant Other may be treated as part of a family. If a person is experiencing problems with alcohol or substances requiring treatment, they should not be admitted as a Significant Other. Significant Others can only be admitted into outpatient programs (non-Opioid Treatment Programs).

% with Addiction Medications at Discharge

Percent of clients who had been treated with an addiction medication, as reported at discharge. The categories in this item are defined as follows: opiate dependence includes methadone and buprenorphine; Smoking Cessation includes zyban/wellbutrin, chantix, nicotine gum, lozenges, and patches; Alcohol Dependence includes antabuse, campral, and naltrexone; Other includes all other addiction medications.

Primary Payment Source at Discharge

The primary method the client used to pay for treatment. This item is collected at discharge. Categories are defined as follows: Public Assistance/Medicaid includes all Medicaid categories and DSS Congregate Care; Self Pay/None includes Self Pay and none; Private Insurance includes all private insurance categories.

Appendix A

Scorecard Rating

For each measure included in the Scorecard, the minimum standard (see Table A.1) and the actual program performance distribution were examined. A level of performance was identified that was at the higher end of the distribution, appeared to represent superior program performance and was achievable by a significant portion of programs. In most cases, an attempt was made to enable approximately 20% of the programs to attain the Gold Standard. However, this was not always possible as the actual distribution of program performance on some measures were skewed either at the higher or lower ends.

Method

Each measure score, rounded to nearest integer, is assigned a Scorecard rating (corresponding to a number of stars) ranging between 1 and 5 based on the following algorithm:

Below the Minimum Standard: 1 star
At or above the Gold Standard: 5 stars

Between the Minimum Standard and the Gold Standard, the range is split into three equal segments, receiving 2, 3, or 4 stars, respectively.

Segment Size = (Gold Standard – Minimum standard)/3

Computational example: Discontinued Use

For Intensive Residential programs (refer to Metric Standards):
Minimum standard = 70
Gold Standard = 90
Then, Segment Size = (90-70)/3 = 6.7, rounded to 7

Range	Score	Stars
< 70 =	1	★
>= 70 and < 77	2	★★
>= 77 and < 83	3	★★★
>= 83 and < 90	4	★★★★
>= 90	5	★★★★★

Example: If a program has a Discontinued Use score of 86.8% (rounded to 87%), then the program would receive 4 stars since 87% is between 83% and 90%.

Note:
1. For Utilization Rate, programs exceeding 100% utilization receive a score of 1 (star).

2. Programs with a Utilization Rate calculated to be greater than or equal to 300% are assumed to be incorrect due to reporting error or incorrect capacity recorded in the PDS. In these very rare cases, no score is assigned.

3. Counseling Sessions per Counselor per Week is a special case. Refer to **Scorecard Rating for Special Measures.**

Scorecard Rating for Special Measures

Counseling Sessions per Counselor per Week

Most of the measures used in the Scorecard are unidirectional in the sense that a higher score is indicative of better performance than a lower one. Reflecting this, each has a single minimum standard (a lower value) and a single high standard (a higher value). The measure of efficiency "Counseling Sessions per Counselor per Week" differs from the others in the sense that superior performance will fall within a central range, and deviation from this central range of ideal performance constitutes lower performance than that falling within the ideal range.

For the measure "Counseling Sessions per Counselor per Week", two "high" levels of performance (17 sessions and 24 sessions) were identified that bound a central range of the distribution, appearing to represent superior program performance and achievable by a significant portion of programs. As with the unidirectional indices, an attempt was made to enable approximately 20% of the programs to attain the 5 star rating. Similarly, two minimum standard levels of performance were identified that bound a much broader range of the distribution (which completely span the 5 star standard range), between which is considered the minimum acceptable program performance on this index.

Method

The measure "Counseling Sessions per Counselor per Week", rounded to nearest integer, is assigned a Scorecard rating (corresponding to a number of stars) ranging between one and five based on the following algorithm:

Below the low Minimum Standard or above the high Minimum Standard: 1 star
At or above the low 5 star Standard or at or below the high 5 star standard: 5 stars
Between the low Minimum Standard and the low 5 star standard, and between the high 5 star standard and the high Minimum Standard, the ranges are each split into three equal segments, receiving 2, 3, or 4 points, respectively.

> Segment Size (low range) = (Low 5 star Standard – Low Minimum Standard)/3
> Segment Size (high range) = (High Minimum Standard – High 5 star Standard)/3

Computational example:

For Medically Supervised Outpatient programs:

> Low Minimum standard = 4
> Low 5 star standard = 17
> High 5 star standard = 24
> High Minimum Standard = 37
> Then Segment Size (low range) = (17-4)/3 = 4.3, rounded to 4
> and Segment Size (high range) = (37-24)/3 = 4.3, rounded to 4

Range	Score	Stars
< 4	1	★
>= 4 and < 8.3	2	★★
>= 8.3 and < 12.7	3	★★★
>= 12.7 and <17	4	★★★★
>= 17 and <= 24	5	★★★★★
> 24 and <= 28.3	4	★★★★
> 28.3 and <= 32.7	3	★★★
> 32.7 and <= 37	2	★★
> 37	1	★

Example #1: If a program has a counseling sessions per counselor per week index of 14.123 (rounded to 14) then the program would receive 4 stars.

Example #2: If a program has a counseling sessions per counselor per week index of 31.789 (rounded to 32) then the program would receive 3 stars.

Scorecard Rating for Compliance Items

Recertification Review

Recertification reviews are generally scheduled 6 months prior to a program's operating certificate expiration date. A standardized Site Review Instrument based on the program's service type is utilized (consisting of approximately 100 questions) to determine a program's compliance. The lowest of four scores received during an on-site recertification review (two scores calculated for each area - Patient Case Records and Service Management) determines the ranking of the program as follows:

Stars	Lowest Score	Description
★	0.00 – 1.75	Non-Compliance
★★	1.76 – 2.50	Minimal Compliance
★★★	2.51 – 3.25	Partial Compliance
★★★★	3.26 – 3.99	Substantial Compliance
★★★★★	4.0	(No deficiencies cited)

Facility Inspection

The scores are based upon the program's last on-site inspection at its the main site.

Stars	Description
★	Red Flag Deficiency with an Incomplete Corrective Action Plan (CAP) (immediate threat to life and safety, e.g., imminent structural failure; fire service sprinkler system disabled; or a required exit that is permanently blocked).
★★	Significant Deficiency with an Incomplete CAP (e.g., pathways to exits temporarily blocked; fire alarm system in trouble mode; or loose stair treads).
★★★	Notable Deficiency with an Incomplete CAP (e.g., any other OASAS or building code violation, e.g., torn carpets; broken window glass; lack of documentation of maintenance of fire alarm system).
★★★★	Deficiency with a Completed CAP.
★★★★★	No Deficiencies cited.

Fiscal Viability

Fiscal Viability is determined for the provider. All programs operated by a provider will have the same fiscal viability. Current ratio compares current assets to total current liabilities. Minimum acceptable current ratio is .90 or 90%. Ratios below 90% require a financial recovery plan. Overall ratio of total assets to total liabilities is also compared and can affect the overall score. Minimal acceptable ratio is 1 to 1 (i.e., total assets = total liabilities). If the provider's overall ratio falls below 1 to 1, a financial recovery plan is not required but the score assigned would be impacted.

Stars	Current Ratio	Overall Ratio	Description
★	n/a	n/a	Fiscal viability package not submitted or data received insufficient to determine fiscal viability.
★★	<90%	100%	Current financial position not viable and no acceptable financial recovery plan.
★★★	>90%	<100%	Current financial position not viable; however, an acceptable financial recovery plan submitted.
★★★★	>90%	100%	Current financial position viable; however, overall financial position not viable.
★★★★★	>90%	100%	Current and overall financial positions viable.
Does Not Apply			Not applicable for Fiscal Viability determination for governmental entities or Article 28 Hospitals.

Table A.1 Metric Standards

Program Category			Crisis				Inpatient		Residential								Ambulatory					
			Medically Managed Detoxification		Medically Supervised Withdrawal - Inpatienl		Medically Monitored Withdrawal		Inpatient Rehabilitation		Intensive Residential		Community Residential		Supportive Living		Residential Rehab Services for Youth		Outpatient	Medically Supervised Outpatient Clinic		Outpatient Rehabilitation		Opioid Treatment Program	Methadone Clinic (Opioid Treatment Program)	
Metric			Min (2 Star)	5 star	Min (2 Star)	5 star	Min (2 Star)	5 star	Min (2 Star)	5 star	Min (2 Star)	5 star	Min (2 Star)	5 star	Min (2 Star)	5 star	Min (2 Star)	5 star	Min (2 Star)	5 star	Min (2 Star)	5 star	Min (2 Star)	5 star	Min (2 Star)	5 star
Access																										
1 Month Retention Rate											75	90	85	95	85	95	75	90	75	90	65	80	90	95		
Quality																										
One Week Retention Rate									80	90																
3-Month Retention Rate											70	85	65	85	75	90	70	85	65	80	55	75	85	95		
6-Month Retention Rate											50	65			55	75	50	65	40	65	40	60	75	85		
1-Year Retention Rate											35	50					35	50	25	50			55	70		
% Completing Program									60	80																
% Completing Program or Referred											45	70					45	70	35	60	30	60				
% Program Completers Admitted Into Ambulatory Treatment											35	70					35	70								
% Program Completers Admitted into Ambulatory, Intensive Residential or RRSY Treatment									40	65																
% Program Completers Admitted into Other Treatment																										
Outcomes																										
% with Discontinued Use											70	90					70	90	25	80	25	80			25	90
% with Discontinued Use (MCAS)																										
% Clients Maintaining FT Employment or Improving Employment Related Status											35	55							35	70	25	40				
% Clients Maintaining FT Employment or Improving Employment Related Status (MCAS)																							25	60		
Efficiency																										
Utilization Rate									90	98	90	98	90	98	90	98	90	98					90	98		
Individual and Group Counseling Sessions per FTE Primary Counselor per Week		Hi							37	24	37	24					37	24	37	24	37	24	37	24		
		Lo							4	17	4	17					4	17	4	17	4	17	4	17		
Compliance																										
Recertification Review			**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**
Facility Inspection			**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**
Fiscal Viability			**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**
Client Data Reporting			>=4	0	>=4	0	>=4	0	>=4	0	>=4	0	>=4	0	>=4	0	>=4	0	>=4	0	>=4	0	>=4	0	>=4	0

Notes:
** See Appendix A
Below Minimum Standard=1 star; Minimum Standard =2 stars;
9/22/2011

Appendix B

Case Mix/Risk Adjustment

OASAS recognizes the fact that a chemical dependence treatment program's client-level performance results not only from the efforts made by the program to treat clients, but also from the presenting attributes and situations of the clients being treated. Among client attributes and situations commonly known to affect treatment outcomes in chemical dependence treatment programs are co-occurring mental health issues, employment issues and other income difficulties, homelessness, lack of educational achievement, and use of multiple substances (particularly substances more difficult to treat than most others). Taken together, these and other client characteristics can be considered to constitute client severity. Certainly some programs have higher proportions of clients with more severe barriers to treatment than do other programs, and, all other things being equal, could reasonably be expected to produce lower measurable outcome performance.

In the health services industry, outcome measures produced to measure the efficacy of treatment at the institutional level (e.g., hospitals) have often been adjusted mathematically based on statistical analyses. This results in outcome measure values that have been adjusted to approximate what the values of those outcome measures would be if factors known both to affect the outcomes being measured were taken into account. This method is generally known in the research and evaluation field as "case mix adjustment" or "risk adjustment". To do this in a meaningful way requires that statisticians performing this adjustment have data available to them that measures client attributes that have substantial correlations with client outcomes and have considerable variation across institutions.

Ideally, OASAS would produce Scorecards using statistical case mix, or risk, adjustment on the performance measures reported in them. Attempts have been made to do this in the past, and have failed, due to a lack of sufficiently detailed data collected by OASAS routinely from all treatment programs (i.e., within all the various components of the OASAS Client Data System) that were sufficiently correlated with client performance measures to warrant the use of such adjustments.

In the future, OASAS would like to pursue true statistical case mix adjustment in its performance evaluation reports. This would be, however, both a time-consuming and resource-intensive multi-phase effort on the part of OASAS and the programs. It would involve identifying client information that would be appropriate for case-mix adjustment with the OASAS treatment population using a more detailed data collection instrument (the Addiction Severity Index, (ASI) and the Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES) are two candidate measures that come readily to mind. Candidate measures would need to be tested in a sufficient number of OASAS treatment programs of all types, and eventually a selected scale, modified scale, or possibly just an additional set of items to be used for case mix adjustment, would have to incorporated into the OASAS Client Data System (CDS). Data would need to be collected for a significant period of time (certainly no less than a year) before case-mix adjustment could be implemented. Nonetheless, given the benefits of being able to case-mix adjust performance outcomes, it seems a worthwhile path for OASAS to embark on as a long-term goal.

Appendix C

Chemical Dependence Treatment Service Descriptions

Under the new chemical dependence operating regulations, the following descriptions highlight the basic requirements and the levels of care within each of the major service categories -- crisis, inpatient, outpatient and residential. The descriptions presented here outline minimum basic criteria. For more detailed information, the complete regulations may be obtained on the OASAS website at http://www.oasas.state.ny.us/regs/menu-regs.htm.

CRISIS SERVICES

Chemical dependence crisis services manage the treatment of alcohol and/or substance withdrawal, as well as acute disorders associated with alcohol and/or substance use, resulting in a referral to continued care. These services are often provided early in a person's course of recovery and are relatively short in duration, typically in the three to five day range, though outpatient medically supervised withdrawal from opiates using methadone may be up to 30 days. Crisis services include: medically managed detoxification; medically supervised withdrawal in either an impatient/residential or outpatient setting; and medically monitored withdrawal.

MEDICALLY MANAGED DETOXIFICATION: Medically managed detoxification services are conducted in facilities certified by OASAS to provide a chemical dependence crisis service and which are certified as an Article 28 issued by the Department of Health. This service addresses the needs of patients who are acutely ill from alcohol-related and/or substance-related addictions or dependence, including the need for medical management of persons with severe withdrawal or risk of severe withdrawal symptoms, and may include individuals with or at risk of an acute physical or psychiatric comorbid condition. This level of crisis service is the only one capable of accommodating individuals who are incapacitated and require an involuntary, emergency admission. Medically managed detoxification services must also provide: medical management of acute intoxication and withdrawal conditions; assessment; stabilization of medical/psychiatric problems; counseling; pharmacological services; level of care determination; and referral to treatment and other non-crisis services.

MEDICALLY SUPERVISED WITHDRAWAL: This service provides treatment of moderate withdrawal and non-acute physical or psychiatric complications associated with chemical dependence. All medically supervised withdrawal services must provide: biopsychosocial assessment; medical supervision of intoxication and withdrawal conditions; pharmacological services; individual and group counseling; level of care determination and referral to other appropriate services.

INPATIENT/RESIDENTIAL MEDICALLY SUPERVISED WITHDRAWAL: Services are delivered by providers certified by OASAS to deliver inpatient/residential chemical dependence services. Patient services include medical supervision and direction under the care of a physician in the treatment of moderate withdrawal and non-acute physical or psychiatric complications associated with chemical dependence.

OUTPATIENT MEDICALLY SUPERVISED WITHDRAWAL: Based on a medical and biopsychosocial evaluation, providers of services otherwise certified by OASAS may provide outpatient medically supervised withdrawal services to clients who suffer moderate alcohol or substance withdrawal, do not meet the admission criteria for medically managed detoxification services, and who have emotional support and a home environment able to provide an atmosphere conductive to outpatient withdrawal leading to recovery. In addition to the general services required above, outpatient medically supervised withdrawal patients must be seen by a medical professional every day, engage in counseling services,

have access to a 24 hour hot line to assist in recognizing symptoms of withdrawal, when to take additional medication, and under what circumstances to go to the nearest emergency room.

MEDICALLY MONITORED WITHDRAWAL: Medically monitored withdrawal services can be provided in a free-standing community-based setting or as additional service of a licensed chemical dependence inpatient or residential provider. This service treats clients intoxicated by alcohol and/or substances suffering from mild withdrawal complications, or who are in danger of relapse. These services do not require physician direction or direct supervision by a physician and should provide a safe environment to complete withdrawal and secure referral to the next level of care. Medically monitored withdrawal services must provide: assessment; monitoring of symptoms and vital signs; individual and group counseling; level of care determination, and referral to other appropriate services.

INPATIENT REHABILITATION SERVICES

Chemical dependence inpatient rehabilitation services provide intensive management of chemical dependence symptoms and medical management/monitoring of physical or mental complications from chemical dependence to clients who cannot be effectively served as outpatients and who are not in need of medical detoxification or acute care. These services can be provided in a hospital or free-standing facility, and sponsorship may be voluntary not-for-profit, proprietary or State operated. Lengths of stay are primarily in the 20-40 day range.

INPATIENT REHABILITATION: Certified providers conduct intensive evaluation, treatment and rehabilitation services in a medically supervised 24 hour/day, 7 days/week setting. Chemical dependence inpatient services include the following basic clinical procedures: individual and group counseling and activities therapy; alcohol and substance abuse disease awareness and relapse prevention; education about, orientation to, and opportunity for participation in, available and relevant self-help groups; assessment and referral services for patients, families and significant others; HIV education, risk assessment and supportive counseling and referral; vocational and/or educational assessment, and medical and psychiatric evaluation. Services are provided according to an individualized treatment plan and under the supervision of a Medical Director.

RESIDENTIAL SERVICES

Chemical dependence residential services assist individuals who suffer from chemical dependence, who are unable to maintain abstinence or participate in treatment without the structure of a 24-hour/day, 7 day/week residential setting and who are not in need of acute hospital or psychiatric care or chemical dependence inpatient services. There are three levels of intensity of procedures offered by this service: intensive residential treatment and rehabilitation, community residential services, and supportive living services. Length of stay ranges from an average of four months in a community residential service to up to two years in the other residential service categories.

ALL RESIDENTIAL SERVICES: All residential chemical dependence services provide the following procedures: counseling, peer group counseling, supportive services, educational services, structured activity and recreation and orientation to community services. Residential services seek to provide the necessary coping skills and self-sufficiency for an individual to initiate and maintain an abstinent life-style. Habilitative and rehabilitative procedures can be provided directly or through referral and are based on an individualized assessment and treatment plan.

INTENSIVE RESIDENTIAL SERVICES: In addition to the procedures required of all chemical dependence residential services, intensive residential rehabilitative provide the following additional procedures, either directly or by referral: vocational procedures such as vocational assessment, job skills training and employment readiness training; parenting, personal, social and community living skills training including personal hygiene and leisure activities. These services provide a minimum of 40 hours/week of procedures within a therapeutic milieu. Individuals appropriate for this service category include persons unable to comply with treatment outside a 24 hour setting as evidenced by recent unsuccessful attempts at abstinence or prior treatment episodes including unsuccessful outpatient treatment with substantial deficits in functional skills or in need of on going management of medical and/or psychiatric problems. For residential rehabilitation services that serve children, at least one direct care staff with training and experience in child care shall be identified.

COMMUNITY RESIDENTIAL SERVICES: These services provide a structural therapeutic milieu while residents are concurrently enrolled in a outpatient chemical dependence service which provides addiction counseling. Community residential services provide the following procedures either directly or by referral: vocational procedures such as vocational assessment, job skills training and employment readiness training; parenting, personal, social and community living skills training including personal hygiene and leisure activities. Individuals appropriate for this level of care include persons who are homeless or whose living environment is not conducive to recovery and maintaining abstinence.

SUPPORTIVE LIVING SERVICES: These services provide a minimum level of professional support which includes a weekly visit to the site and a weekly contact of the resident by a clinical staff member. Individuals appropriate for this service include persons who: require support of a residence that provides an alcohol-and drug-free environment; require the peer support of fellow residents to maintain abstinence; does not require 24 hour on-site supervision by clinical staff; and exhibit the skills and strengths necessary to maintain abstinence and readapt to independent living in the community while receiving the minimal clinical and peer support provided by this residential environment.

OUTPATIENT SERVICES

Chemical dependence outpatient services assist individuals who suffer from chemical abuse or dependence and their family members and/or significant others. Outpatient services may be delivered at different levels of intensity responsive to the severity of the problems presented by the client. These services may be provided in a free-standing setting, or may be co-located in a variety of other health and human service settings. Sponsorship may be voluntary, proprietary or county operated. There are three chemical dependence outpatient service categories: medically supervised outpatient services, outpatient rehabilitation services; and non-medically supervised outpatient services. The length of stay and the intensity of services as measured by frequency and duration of visits varies from one category of outpatient services to another and intensity will vary during the course of treatment within a specific category. In general, persons are engaged in outpatient treatment up to a year and visits are more frequent earlier in the treatment process becoming less frequent as treatment progresses.

OUTPATIENT SERVICES: Each chemical dependence outpatient service provides the following procedures: group and individual counseling; education about, orientation to, and opportunity for participation in, relevant and available self-help groups; alcohol and substance abuse disease awareness and relapse prevention; HIV and other communicable disease, education, risk assessment, supportive counseling and referral; and family treatment. In addition, social and health care services, skill development in accessing community services, activity therapies, information and education about

nutritional requirements, and vocational and educational evaluation must be available either directly or through written agreements. Procedures are provided according to an individualized assessment and treatment plan.

MEDICALLY SUPERVISED OUTPATIENT SERVICES: In addition to the requirements noted above, this service mandates that medical staff be part of the multi-disciplinary team and the designation of a Medical Director, which provides for medical oversight and involvement in the provision of outpatient services. These services are Medicaid eligible providing other standards pertaining to fee-for-service Medicaid are met.

OUTPATIENT REHABILITATION SERVICES: This service level is designed to serve more chronic individuals who have inadequate support systems, and either have substantial deficits in functional skills or have health care needs requiring attention or monitoring by health care staff. These programs provide social and health care services, skill development in accessing community services, activity therapies, information and education about nutritional requirements, and vocational and educational evaluation. Clients initially receive these procedures five days a week for at least four hours per day. There is a richer staff to client ratio for these services compared to other outpatient levels and these services are required to have a half-time staff person qualified in providing recreation and/or occupational services and a half-time nurse practitioner, physician's assistant or registered nurse. Like medically supervised outpatient, outpatient rehabilitation services, mandate that medical staff be part of the multi-disciplinary team and the designation of a Medical Director, which provides for medical oversight and involvement in the provision of outpatient services. These services are Medicaid eligible providing other standards pertaining to fee-for-service Medicaid are met.

NON-MEDICALLY SUPERVISED OUTPATIENT SERVICES: These services do not require that medical staff be part of the multi-disciplinary team or the designation of a Medical Director. Medical oversight or involvement in the provision of services is not required. Services may be provided in a more or less intensive manner as determined by client need.

PROBLEM AND PATHOLOGICAL GAMBLING OUTPATIENT SERVICES: These services assist individuals who are affected by problem and pathological gambling including family members and/or significant others. These services may be provided in free-standing settings or may be co-located in chemical dependency clinics or other mental health settings. In general, persons are engaged in outpatient treatment up to a year and visits are more frequent earlier in the treatment process becoming less frequent as treatment progresses. Each problem and pathological gambling outpatient service provides the following: group and individual counseling, education about, orientation to and opportunity to participate in problem and pathological gambling awareness and relapse prevention, self-help groups and family treatment. In addition, financial counseling is provided either directly or through outside referral. Procedures are provided according to an individualized assessment and treatment plan.

METHADONE TREATMENT (OPIOID TREATMENT PROGRAMS)

METHADONE TREATMENT OR OPIOID TREATMENT is a medical service designed to manage heroin and other opioid addictions. Opioid treatment programs (OTPs) administer methadone or other medications approved for opioid treatment by prescription, in conjunction with a variety of other rehabilitative assistance, to control the physical problems associated with opiate dependence and to provide the opportunity for patients to make major life-style changes over time. Treatment is delivered primarily on an ambulatory basis, with most programs located in either a community or hospital setting. Some specialized programs deliver services in a residential setting, while a few programs deliver services in a prison setting.

Rehabilitative assistance includes primary medical care, counseling and support services:

Primary Medical Care is provided on-site or through service agreements with hospitals, medical centers and specialty clinics. All OTPs have medical staff with a physician as medical director, who is responsible for the coordination of all medical and rehabilitative services.

Counseling is provided to each patient by an individual counselor who, in conjunction with other clinical staff, is responsible for developing and coordinating a treatment plan which addresses the major needs of the patient. Individual and group counseling is offered in appropriate frequency, duration and intensity.

Support Services include vocational, educational, legal, mental health and alcoholism information. When appropriate, each patient shall be enrolled in an education program, be engaged in a vocational activity or make documented efforts to seek gainful employment.

Methadone or other approved medications may be prescribed and administered through a variety of medical protocols, as per individual needs:

Maintenance utilizes methadone administered daily at stabilized dose over an extended period of time.

Methadone-to-Abstinence utilizes methadone in gradually decreasing doses to the point of abstinence, followed by continued drug-free treatment.

Medically-supervised Withdrawal is a short-term (not more than 30 days) or long-term (not more than 180 days) protocol that utilizes methadone or other approved medications to alleviate withdrawal symptoms caused by the use of opiates.

Key Extended Entry Program (KEEP) is an interim (not more than 180 days) protocol that provides intensive medical and support services in order to evaluate the long-term treatment needs of patients.

New York State Office of Alcoholism and Substance Abuse Services
Chemical Dependence Treatment Program Scorecard Documentation

Frequently Asked Questions (FAQs)

I. What's new for 2012?

Client Data Reporting has been removed from the scorecard. While OASAS values accurate and timely CDS reporting, many Outpatient and Opioid Treatment programs were unable to complete their data submissions on time due to technical issues arising from the implementation of Ambulatory Patient Groups (APGs) requiring new PAS-48 forms late in 2011. Outpatient and Opioid Treatment programs account for over half of the treatment programs in New York State.

II. Access & Availability

I understand the scorecards are on the NYS OASAS website, but I can't find them. Where are they?

The Provider Directory Search page is located on the OASAS public website. The scorecards are accessible via a link from the Provider Directory Search results. Go to http://www.oasas.state.ny.us/providerDirectory/index.cfm.

You can search for programs within county, region or statewide by service type or even the provider's name.

Note: searching by a specific provider name will return all programs operated by the provider, regardless of location of the program or treatment service type.

Programs with scorecards will have a link shown as View Program Scorecard printed directly under the program's service type. Clicking this link will take the user directly to the program's scorecard.

How do I save or print a Scorecard?

Click on the Adobe PDF icon at the top of the report. 
This will convert the scorecard to a PDF file that can be saved to your PC or printed on standard 8 ½ x11 paper.

You will need Adobe Acrobat to read the file. Adobe Acrobat Reader is a free download. Go to http://get.adobe.com/reader/otherversions/ and follow the instructions.

What types of programs get scorecards?

Scorecards are provided for chemical dependence treatment programs: Crisis, Inpatient Rehabilitation, Residential and Outpatient (including Opioid Treatment Programs) Services.

Who can see the scorecard?

Anyone with access to the internet can access NYS OASAS treatment program scorecards.

Why didn't a treatment program receive a scorecard?

About 900 of the more than 980 currently operational chemical dependence treatment programs will have a scorecard accessible via the Provider Directory Search. That is, fewer than 10% of the treatment programs will not be eligible for a scorecard for one or more of the following reasons:

1. A program was not operational for all 12 months of the preceding calendar year.
2. A program was no longer operational (according to the Provider Directory System as of the date the Scorecards report was run.
3. A program classified as Intensive Residential 'Intake' and/or 'Reentry' programs for Integrated Program Monitoring and Evaluation System (IPMES). See *IPMES/Workscope Objective Attainment System, 16th Edition, Users Manual Instructions and Attachments, page 5.* The performance of these programs are included in their main treatment clinic's scorecards.
4. A program was explicitly excluded for unique reasons at the discretion of OASAS Division of Outcomes Management and System Investment. For example: programs under the jurisdiction of the New York State Department of Correctional Services or New York State Office of Children & Family Services.
5. Programs with prison and jail settings.
6. A small percentage of the Chemical Dependence treatment programs belong to a service type where there are fewer than ten programs of the service type. For example, there are only six Medically Supervised Withdrawal-Outpatient programs.

What time period are the scorecards based on?

- The general information section and performance metrics (Access, Quality, Outcomes, Efficiency) and Client Data Reporting, and Provider Information and Client Demographics are based on data from Calendar Year 2011 (January 1 –December 2011).
- Recertification Review, Facility Inspection and Fiscal Viability are as noted on the scorecard and are the date of the most recent review or inspection.

If a program corrected/updated their admissions, discharge or monthly service delivery data after the March 3, 2012 deadline will the scorecard be updated?

Data entered or edited after March 3, 2012 will not be reflected in a program's 2012 scorecard.

What does "Indeterminate" mean in lieu of a score?

Indeterminate is a mathematical term that means "undefined". That is, the metric cannot be calculated since the denominator is zero. This will happen if there were no discharges from the program meeting the criteria.)

What does "Does Not Apply" mean?

The metric is not applicable to a service type or the particular program. Also refer to the Metric Matrix found in the documentation.

How is the Statewide score calculated?

The Statewide score is based on the average of all client level outcomes for all programs statewide within each service type. For example, the statewide average for 1 Week Retention Rate for Inpatient Rehabilitation programs is the total number of all patients retained in treatment for at least one week in all Inpatient Rehabilitation programs divided by the total number of all patients discharged from all Inpatient Rehabilitation programs. This gives a statewide performance measure for the service which is independent of individual program client demographics, regional or funding differences.

Star ratings for the statewide scores are based on the statewide average score. Note that individual program scores are not dependent on statewide scores.

Are scorecards for other program areas being considered?

Yes, metrics and scorecards are under development for OASAS prevention and recovery systems.

III. Development and Purpose

Why was the scorecard developed?

The scorecards will help OASAS and the field to communicate our successes and use data to improve the quality of services at the program, county, and system levels. Scorecards will be a critical tool of the Outcomes Management element of the Gold Standard Initiative. For consumers, choosing an addiction treatment program for themselves or loved ones can be challenging. The OASAS Scorecard will also provide information to help inform consumer choice.

Who developed the scorecard?

A workgroup of OASAS staff, several Local Governmental Unit representatives, and several providers collaborated on the development of the scorecard.

What are the data sources for the scorecard?
Client Data System, Provider Directory System, Recertification Review, Fiscal Review, Facility Inspection, Please refer to the documentation.

How often will the scorecards be published?
Scorecards will be published once a year.

Will there ever be new measures?
Yes. We anticipate there will be new measures, as well as modifications of existing measures.

How did OASAS determine the number of stars?
Stars are based on the rating derived from the scores from the scorecard metrics based on data from January through December 2011, and the most recent Recertification Review, Fiscal Review, and Facility Inspection of the treatment program(s). Please refer to the *2012 Treatment Program Scorecard Documentation* for more detailed explanation of the rating methodologies.

What do the stars mean?
★ = Below the established OASAS Minimum Standard
★★ = At or above the established OASAS Minimum Standard
★★★ **= Good performance**
★★★★ **= High performance**
★★★★★= At or above the established OASAS Gold Standard

Isn't this the Integrated Program Monitoring and Evaluation System (IPMES) with stars?
While many measures used to create the scores are calculated using the same algorithms as IPMES indices, the scorecard also includes data from a program's most recent Recertification Review, Fiscal Review and Facility Inspection. In addition, a section of the scorecard includes information on the program, a link to its website if available, and selected patient characteristics.

IPMES uses Comparison Groups to compare a program's performance to that of a group of similar programs. Does the Scorecard use Comparison Groups or some type of case mix/risk adjustment?
The Scorecard does not use Comparison Groups or use case mix adjustment. Refer to *2012 Treatment Program Scorecard Documentation, Appendix B.*

IV. Compliance Scores

Why are Fiscal Viability scores the same for all programs) under the same Provider?
Each program's fiscal viability is dependent on the provider's fiscal status.

Why are Recertification Review scores for some or all of the programs operated by a provider the same?
If the programs are certified under the same operating certificate, the scores will be the same.

Why are Facility Inspection scores for all programs operated by a provider the same?

If the programs are at the same site, the scores will be the same.

The Facility Inspection doesn't appear correct.

If the program has one or more additional locations, we are showing the most recent facility inspection of the main program site only.

Is the timeliness and accuracy of a program's reporting factored into a measure's score and rating?

OASAS has begun to analyze the relationships between the Client Data Reporting measure score and rating, and the scores and ratings of specific measures. At this time, scores and ratings are not "flagged" if reporting is suspect but various options will be explored after the analysis is complete. Feedback on addressing this issue is also welcome.

V. Program Information and Client Demographics

Why is program information important?

This section provides practical, basic information about programs. Details such as operating hours and languages that services are delivered in can help consumers decide if a program meets their needs. Program contact information is also shown. Consumers are encouraged to contact programs and to visit provider websites if they are available.

Where does this information come from?

This information comes from the Provider Directory System, which contains information about programs and is maintained by OASAS, and the Program Profile and Services Inventory (PPSI), which contains more detailed data about program operations and is also maintained by OASAS, but is updated annually by providers.

Why does the provider's website appear as N/A?

Not all providers maintain a website or have shared their current website address with OASAS.

Why are client demographics important?

Client demographics provide information about the characteristics of a program's patient population, as well as the types of patients a program has experience treating. The composition of the treatment population should be considered when interpreting other parts of the Scorecard. Some demographics have been correlated with performance on certain Scorecard measures. For example, those with a co-occurring mental health disorder are slightly less likely to complete treatment; therefore programs with a higher percentage of clients with co-occurring mental health disorders may have lower scores on measures relating to treatment completion. However, it is also possible that programs with a high percentage of clients with co-occurring mental health disorders may tailor their services for this

population and have higher scores on measures relating to treatment completion.

Where does this information come from?

The information comes from the OASAS Client Data System, which comprises information reported to OASAS by programs about the clients they serve. OASAS certified treatment programs are required to submit data both when clients are admitted and when they are discharged. Some of the demographics are not calculated for crisis programs, as crisis programs are required to submit less data than other service types.

Why don't the 'Substances at Admission' add up to 100% for some programs?

I don't understand the terms used. What do they mean?

Please refer to the Program Information and Client Demographics section of the documentation.

VI. Contacting OASAS with questions

I don't agree with a score or star rating for my program. Who do I talk to?

I have a question about the scorecards that are not covered by the FAQs or the other documentation. Who do contact?

Email your questions and contact information to Scorecard@oasas.ny.gov . You will receive an email confirmation of the receipt of your email within 2 business days. If necessary, you will be contacted by phone to discuss your question in more detail. Your question may also be included in the FAQs.